

**TRANSMITTAL  
FORM**

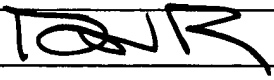
(to be used for all correspondence after initial filing)

|                        |                  |
|------------------------|------------------|
| Application Number     | 10/058,289       |
| Filing Date            | 1/30/2002        |
| First Named Inventor   | Toshinori TANASE |
| Group Art Unit         | 3611             |
| Examiner Name          |                  |
| Attorney Docket Number | 26BT-022         |

**ENCLOSURES (check all that apply)**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information         |
| <input type="checkbox"/> Extension of Time Request  | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address   | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):   |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Small Entity Statement  | Statement under 37 CFR 3.73(b)   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Request of Refund   |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application   | Remarks  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |
|-------------------------|---|
| Firm or Individual name | Law Offices of David G. Posz  |
| Signature               |  |
| Date                    | November 26, 2002   |

**CERTIFICATE OF HAND DELIVERY**

I hereby certify that this correspondence is being hand delivered to and deposited with the Office of Initial Patent Examination at the United States Patent Office on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

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|----------------------|---|------|-------------------|
| Type or printed name | David G. Posz   |      |                   |
| Signature            |  | Date | November 26, 2002 |

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